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FACSIMILE TRANSMISSION**CONFIDENTIAL**DATE: September 16, 2004

CLIENT No.: 21685

To:

NAME	FAX No.	PHONE No.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Robert A. Hulse, Reg. No. 48,473 PHONE: (415) 875-2444

NUMBER OF PAGES WITH COVER PAGE: 9	ORIGINAL WILL NOT FOLLOW
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MESSAGE:

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

09/505,486
10/335,041
09/777,500
09/663,296
09/733,698
10/046,933
10/021,752

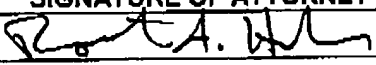
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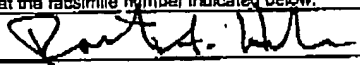
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0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office		Application Number	N/A		
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>				Filing Date	N/A		
				First Named Inventor	N/A		
				Examiner			
				Group Art Unit			
Total Number of Pages In This Submission		8	Attorney Docket Number				

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos. 09/505,486 10/335,041 09/777,500 09/663,296 09/733,698 10/046,933 10/021,752
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Robert A. Hulse, Reg. No. 48,473	Dated:	September 16, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Robert A. Hulse	Dated:	September 16, 2004
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21685/06158/SF/5128593.1